

ALEXANDRIA CITY PUBLIC SCHOOLS

2021-2022 TUITION ASSISTANCE GRANT APPLICATION

Submit this application to Sherry Thomas, Teaching, Learning, and Leadership - 4th Floor, sherry.thomas@acps.k12.va.us

APPLICANTS: READ THE FOLLOWING VERY CAREFULLY!

- Incomplete applications will be returned to the applicant.
- This application **MUST** be received in the Teaching, Learning, and Leadership office two weeks (14 business days) before starting the course(s) for which assistance is sought. Applications received after this time will not be approved.
- Assistance is limited to the support of six (6) credit hours within a fiscal year (i.e., July 1-June 30).
- Assistance is limited to the five ACPS priorities below.

1. Math: content and instruction	3. Reading: content and instruction
2. Dual certification in EL or special education certification holding more than one endorsement	4. Honors/Gifted Education
	5. Educational Leadership

YOU MAY EITHER COMPLETE THIS FORM BY TYPING IN THE INFORMATION OR PRINT IT OUT AND HANDWRITE IT.

Name _____ Employee I.D. Number _____ Full-time
Part-time

Type of Current Teaching License (choose one) Professional Provisional Conditional

Are you currently part of the Educational Leadership Cohort at George Mason? Yes___ No___

Current Location _____ Current Teaching Assignment _____

Home Street Address _____ Home Phone _____ - _____ - _____

City, State, Zip Code _____ Email _____

The objective from my PLP, which this coursework will support:

Applicant's Signature _____ Date _____

Course Number	Course Title	Course Start – End Dates MM/DD/YY	Type of Credit (choose one)	Credit Hours	Institution	Tuition*
			Undergraduate Graduate			
			Undergraduate Graduate			

*Tuition ONLY – Do not include registration fees, special course fees, book or materials costs, travel costs, etc.

Principal/Supervisor's Certification: I certify that the course(s) listed above align with one of the five ACPS priorities above and support the applicant's Professional Learning Plan.

Principal/Supervisor's Signature _____ Position _____ Date _____

OFFICE USE ONLY

Course(s) Approved \$ _____ Course(s) Denied Reason for Denial _____

Program Manager's Signature _____ Date _____